PLACE OF BIRTH ARIZONA STATE BOARD OF HEALTH 1. County District of BUREAU OF VITAL STATISTICS State Index No. ORIGINAL CERTIFICATE OF BIRTH County Registrar No. Local Registrar No. institution, give its NAME instead of street and number) if child is not yet named, make supplemental report, as directed. Pull name of child o be answered ONLY n event of plural Legitimate? 5. No., in order of birth. Month PATHER Full maiden 15. Residence Usual place (Usual place If nonresident, give place and state If nonresident, give place and state 12. Birthplace (city or place) 19. Occupation Nature of Industry Nature of industry 20. Number of children of this mother (a) Bern alive and now living..... Were precautions taken against on (Taken as of time of birth of child herein (b) Born alive but now dead...
certified and including this child.) (c) Stillbern Reenaterum? (c) Stillbern CERTIFICATE OF ATTENDING PAYSICIAN I hereby certify that I attended the birth of this child, who was When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other Signature evidences of life after birth. Given name added from a supplemental report Month, day, year. ocal Registrar. Filed Registrar. County Registrar.

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